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In re Application of:

RYOJI FUKUDA

Application No.: 09/454,969

Filed: December 6, 1999

Docket No.

03500.014082.

Examiner: A. Abdulsalam

Group Art Unit: 2674

For: COORDINATES CORRECTION APPARATUS,  
COORDINATES CORRECTION PARAMETER  
CALCULATION APPARATUS, COORDINATES  
CORRECTION METHOD, COORDINATES  
CORRECTION PARAMETER CALCULATION  
METHOD, MEMORY MEDIUM FOR STORING  
COORDINATES CORRECTION CONTROL  
PROGRAM, AND MEMORY MEDIUM FOR  
STORING COORDINATES CORRECTION  
PARAMETER CALCULATION PROGRAM

Date: May 2, 2002

COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

RECEIVED

MAY 07 2002

Sir:

Technology Center 2600

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 31	MINUS	** 105	= 0	x \$9 \$18	-0-
INDEP. CLAIMS	* 3	MINUS	*** 6	= 0	x \$42 \$84	-0-
Fee for Multiple Dependent claims \$140°/\$280						-0-
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-


\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$ 400.00 to cover the fee for a two month extension is enclosed.
- ☐ A check in the amount of \$\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Attorney for Applicant

Registration No. 50,333

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